Indo-US Health Summit

874. SHRIMATI SYEDA ANWARA TAIMUR:
SHRI VIJAY J. DARDA:

Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether Government is aware that the Indian Medical Council and the Indian Medical Association felt completely ignored during the first-ever Indo-US Health Summit organized in Delhi in December, 2007;

(b) if so, whether such a situation developed due to some vested interest or deliberate lack of communication; and

(c) whether we are maintaining reciprocity while recognizing medical degrees from abroad?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI PANABAKA LAKSHMI): (a) and (b) As per information available, Indo-US Health Summit organized in December, 2007 was a private meet and there was no inter action at government level.

(c) Under the Indian Medical Council Act, 1956, the Central Government is empowered to recognize foreign medical degrees within the scheme of reciprocity as well as outside such a scheme.

Eradication of various diseases

875. DR. M.A.M. RAMASWAMY: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) the number of people suffering from various diseases like tuberculosis, cancer, diabetes, HIV/AIDS and water-borne diseases;

(b) the total number of deaths due to the above diseases during the last three years, year-wise;

(c) the total expenditure incurred by Government on eradication of various diseases including above diseases during the above period, year-wise and disease-wise;

(d) whether Government has assessed the impact of its eradication programmes; and

(e) if so, the details thereof?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI PANABAKA LAKSHMI): (a) to (e) Health is a State subject. The Government of India through various National disease control programmes supplement the efforts of the State Governments to control and prevent diseases like Tuberculosis, Cancer, Diabetes, HIV/AIDS and Water-borne diseases in the country. The impact of eradication programmes are discussed at various forums and remedial action taken from time to time. A Statement in this regard is enclosed.

Statement

Impact of Eradication Programmes and Remedial Action Taken from Time to Time

1. Revised National TB Control Programme

As per the available estimates, deaths due to TB have decreased from over 500,000 prior to year 2000 to fewer than 370,000 currently. As per latest estimates, about 1.8 million new TB cases occur every year. As per the available data deaths due to TB were 37639, 56587 and 62539 during the years 2004-05, 2005-06 & 2006-07 respectively. The increase is because of large number of patients put on treatment by the programme. The details of expenditure under the programme during 2004-05, 2005-06 & 2006-07 are Rs. 133.63 crore, 187.70 crore & 220.97 crore respectively.

The programme is achieving the global target of cure rate of 85% amongst new sputum positive cases and case detection rate of 70% amongst such cases. Prevalence of tuberculosis (old and new cases) has declined from 570 cases per 100,000 population in 1990 to 299 cases per 100,000 population in 2005. The programme is well on its way to achieve MDGs (Millennium Development Goals) related to tuberculosis.

2. National Cancer Control Programme

An estimated 4.4 lakhs people die of cancer every year and about 7-9 lakh new cancer cases are detected every year. At any given point of time there are 2.5 million cancer patients in the country. The year-wise details of cancer patients/cancer deaths are not maintained centrally.

The Year-wise expenditure under NCCP for 2004-05, 2005-06 & 2006-07 are Rs. 59.00 crore, 66.00 crore & 43.02 crore respectively.

3. National Programme for Prevention and Control of Diabetes, Cardiovascular Diseases and Stroke

The Pilot Phase of the National Programme for Prevention and Control of Diabetes, Cardiovascular Diseases and Stroke has been launched in 2008 only in 9 districts of 9 States and a sum of Rs. 49.16 lakh has already been released to each of the 6 States. As the pilot phase of the programme has been launched only in 2008, the question of assessment of the impact is premature. Diabetes is not a fatal disease and hence no figures of death due to that disease are centrally compiled.

4. National AIDS Control Programme (NACP)

It is estimated that there are 2 to 3.1 million HIV infected persons in the country. A total of 5170 (1624 in 2005, 1786 in 2006, 1760 in 2007) deaths due to AIDS have been reported by the State AIDS Control Societies during the last 3 years. The total expenditure incurred under National AIDS Control Programme during the last 3 years is Rs. 422.25 crore, Rs. 532.70 crore, and Rs. 682.63 crore in 2004-05, 2005-06 and 2006-07 respectively.

5. Water Borne Diseases

Number of cases and deaths due to water borne diseases (cholera, acute diarrhoeal diseases (ADD), viral hepatitis and enteric fever) during 2004-05 to 2006-07 is as under:

Sl. No.	Diseases	2004-05		2005-06		2006-07	
		Cases	Deaths	Cases	Deaths	Cases	Deaths
1	Viral Hepatitis	203939	1122	181621	718	144109	622
2	ADD	9575112	2855	10978459	2147	8291807	2669
3	Cholera	4728	9	3155	6	1939	3
4	Enteric Fever	658301	805	695114	419	610012	587

International commission for disease eradication (ICCDE) certified the declaration of eradication of Guinea Worm Diseases from the country in 2000. However, surveillance is carried out for the disease from time to time as required till its eradication from the world. No cases of Yaws incidence have been reported since 2003. Consequently, in September 2006, the disease was declared as eliminated from the country by the Hon'ble minister for H & FW. There is no eradication programme for water borne diseases. However funds spent for YEP & GWEP during the last three years are as follows:

(*Rupees in Lakhs*)

	2004-05	2005-06	2006-07
YEP	52.86	93.6	86.34
GWEP	8.12	7.25	4.56

The programmes have been regularly assessed by the Task Forces constituted under the chairmanship of DGHS.

Marketing of Letrozole

876. SHRI B.K. HARIPRASAD: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether the Drugs Controller General of India (DCGI) has issued authorization to any pharmaceutical company to market Letrozole in India for treatment of infertility;

(b) whether the Canadian Health Authority has ruled that Letrozole should not be used for infertility treatment and whether US and UK have also banned marketing of Letrozole for treatment of infertility;

(c) whether the Drugs Controller General of India had subjected the drug to clinical trials to establish safety and to determine side effects, dose and regimen before issuing authorization; and

(d) if so, the details thereof?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILLY WELFARE (SHRIMATI PANABAKA LAKSHMI): (a) Yes, Sir. Based on expert's opinion, clinical trial data generated in the country and supportive published data, the Office of DCG(I) has granted permission to market letrozole for its use in induction of ovulation in anovulatory infertility.